National Aeronautics and Space Administration

George C. Marshall Space Flight Center Marshall Space Flight Center, AL 35812



Reply to Attn of: QS40

April 3, 2002

TO:

Distribution

FROM:

QS40/Rondal C. Mize

SUBJECT:

Minutes of the VPP Steering Council Meeting

The VPP Steering Council held a special meeting on Tuesday, April 2, 2002. The meeting, which began at 2:30 p.m., was held in Building 4202, conference room 326A. The roster of attendees for the meeting is attached as Enclosure 1. The agenda for the meeting is attached as Enclosure 2.

#### OPENING REMARKS (A. ROTH/DE01)

The Center Director has received messages that the Center is not going to achieve VPP STAR status by September of this year and it would be pushing to have it by December. Considering the other priorities of work that we have he's been asked where we are going with VPP. There is concern that those heading up some of the teams and committees have other work that takes a higher priority. Within the next two to three weeks, we should have a feel for the path that the Center will take concerning VPP.

It is still felt that at some point in the future, the Center should be in a position to have OSHA to come in and do a STAR status type of audit. We should encourage management to proceed with the formation of the new SHE Committee or some form of it. This will be pursued with no specific end date at this time.

Auditing such as that required with ISO 9000 takes a lot of time for both management and the workforce. Similar time would have to be allotted to prepare for a VPP review by an outside source. The argument exists to continue to keep the ISO-9000 activity to have outside auditors to come into the Center and check us. At the same time, efforts will be made to have upper management to pursue some sort of VPP activity.

Definitely, we want to have the new SHE Committee functional, if possible prior to the next VPP Steering Council Meeting. Efforts need to be initiated to move out and get it in place. Too, as we move along, a decision will have to be made to decide on the course of the present meeting of the VPP Steering Council. If it is to continue as it is, then how often should it meet and when?

Representatives from other organizations made comments relative to the VPP schedule and status.

#### Safety and Mission Assurance Office (QS)

The perception within S&MA is that the Center is 'waffling' in pursuing VPP. We seem to be hamstrung and need some definite directions on where we're going. The sooner that work can get out that the Center is moving out to develop and have a 'world class' safety program the better. Our goal should be to have a world class safety program but not necessarily one just to get a 'STAR'.

#### Flight Projects Directorate (FD)

Most people want a good safety program. However, we can have a good one without a STAR Certification. We can fix the gaps and improve the program not necessarily just to get a STAR.

#### Center Operations Directorate (CD)

There are both pros and cons to having a STAR Certification. It's not required to have a STAR Certification to have a good safety program. However, such a program would instill a discipline among the workforce that would assure a good safety program for the Center.

### VPP IMPLEMENTATION TEAM STATUS (K. CORNETT/FD24)

A status of the VPP Implementation Team was given to the council. Assuming that pursuit of the VPP program will continue at the Center, there needs to be some updates made to develop a more realistic schedule based on improvements to the MSFC SHE system. The proposed new SHE Committee Structure was presented and briefly discussed. Current activities underway at the present time include the writing of a Safety and Health Plan for the Center, corrective actions have been identified and assigned, and the new SHE proposal has been reviewed by the Area SHE Committee members. All activities are currently priority items for the VPP Implementation Team. Management needs to commit to a decision as to whether or not we will go forward with VPP and to what extent. A copy of the presentation charts is included as Enclosure 3.

#### VPP 2001 SHE PROGRAM ASSESSMENT (P. ROBBINS/CSC)

The Gap analysis of the Directorate Corrective Actions for the VPP 2001 SHE Program Assessment was presented to the Council and briefly discussed. The analysis had assessment recommendations from the Star Assessment, the visit to the State OSHA Office, MSFC Self Assessments, and SHE Program Checklist. A copy of the presentation is included as Enclosure 4.

#### **ACTIONS:**

The Chairman of the VPP Steering Council will take the action to pursue a VPP or VPP-like schedule for the Center with no specific deadline date. (VPP-0019, A. Roth/DE01; Due: 05-06-02)

The Implementation Team will put a schedule together to get the Center to a VPP goal or a similar goal with minimum impact to the workforce.

(VPP-0020, K. Cornett/UP01, P. Robbins/CSC; Due: 05-06-02)

### OPEN ACTION LOG (COUNCIL)

The open actions assigned within the council were reviewed. Two actions, VPP-0012 and VPP-0018, were closed. Two new actions, as noted above, were added to the open items list. A copy of the open actions log is included as Enclosure 5.

#### **OTHER**

No Other items were discussed at this meeting.

### **NEXT VPP COUNCIL MEETING**

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The next regular meeting of the VPP Steering Council will be announced.

Rondal C. Mize

Secretary

**VPP** Implementation Team

**Enclosures** 

Distribution:

**Team Members** 

Meeting Attendees

cc:

DA01/A. G. Stephenson DD01/James W. Kennedy QS01/Amanda Goodson

### VPP STEERING COUNCIL MEETING TUESDAY, APRIL 2, 2002 BUILDING 4202, CONFERENCE ROOM 326A, 2:30 - 4:00 P.M.

### **MEETING AGENDA**

- 1) OPENING REMARKS (A. ROTH/DE01)
- 2) VPP IMPLEMENTATION TEAM STATUS (K. CORNETT/UP10/P. ROBBINS/CSC)
- 3) **OTHER** (?)
- 4) **OPEN ACTION LOG (COUNCIL)**
- 5) **NEXT MEETING:**

DATE: TBA TIME: TBA

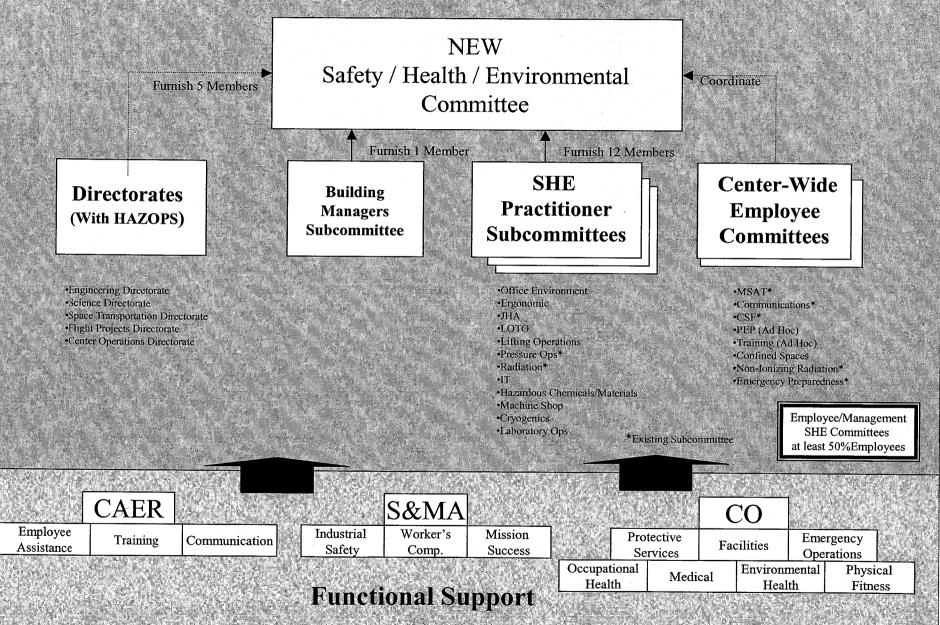
**BUILDING: TBA; CONFERENCE ROOM: TBA** 

- •VPP Status
- Proposed SHE Structure
- Activities
- Priorities
- •Issues
- Directorate/Office Assignments

### **VPP Status:**

Assuming VPP will continue with more realistic schedules based on improvements to MSFC SHE System required to meet VPP Star requirements

### Proposed NEW SHE COMMITTEE STRUCTURE



### **Activities:**

- Writing CY2002 Safety and Health Plan
- Corrective actions identified and assigned
- •New SHE Proposal reviewed by Area SHE members

### **Priorities:**

- •Implementing new SHE Committee Structure
- •Writing CY2002 Safety and Health Plan
- •Implementing the corrective actions

### Issues:

•Management Commitment

Element ID	Element	38 Assessment Recommendations		Desired Results		
1.0	Management Leadership & Employee Involvement	The numbers before a recommendation tells the origin of the action. Below are the keys:  1.1-01 from Star Assessment OV24 from State OSHA visit  MSFC Self Assessments		Desired Results		
1.1.2	Goals	SPC1 from SHE Program Checklist  NHSC11 From Non-Hazardous Area SHE Checklist  1.1-03 Communicate Goals in particular, specific objectives to all workers (civil Service and Contractors) periodically	D	All employees should know and understand the MSFC SHE Goals and Objectives.		
1.5.1	Communications	SPC27 – Assure all your employees know how to acquire mishap information.	D	All MSFC employees should know how to access mishaps that happening and their causes.		
1.5.1	Communications	NHSC11 – Provide for all your employees the basic information about risk factors, jobs, and work activities associated with common musculoskeletal disorders (MDs) hazards.	D	All MSFC employees have information about the risk factors associated with their specific job duties as related to musculoskeletal hazards.		
1.5.5.	Defined Responsibility	NHSC15 – When required by an ergonomic assessment, provide ergonomic chairs/furniture to an employee.	D	Ergonomic furniture should be provided to Employees that have been determined to require it.		
1.5.7	Resources	SPC 7 - Organization does not have enough resources to correct hazardous conditions	D	Control procedures must be placed where it is not feasible to correct hazardous conditions.		
1.5.7	Resources	2.1-02 Make time available for employee involvement.	D	To be involved in safety management must promote by providing the time required.		
1.5.8	Line Accountability	1.5-01 Develop a Directorate level sense of ownership for safety and health initiatives.	D	Directorates should develop specific action plans to support Goals.  Develop employee involvement strategies.  Assign in-house champions for specific activities.		

				Enhance PEP action plans to be measurable, assigned and implemented.
1.5.8	Line Accountability	1.5-02 Expand use of Safety Metrics, encompass more prospective measures at the Directorate level and below. Expand metrics currently being presented by S&MA at the SHE Committees. Require action plans for disappointing trends.	D	Manage SHE at the Directorate level with: 1. Action Plans 2. Management reviews 3. Tracked meaningful metrics
·	Employee Involvement	SPC11 - Promote MSAT membership in your organization	D	All Directorates should Promote their employees being a member of MSAT.
1.6	Employee Involvement	SPC12 - Communicate your MSAT members names throughout your organization.	D	Every employee knows the name of their MSAT member.
1.7	Contract Worker Coverage	5.1-02 Audit contractor certification records against CERTRAK data and update system to accurately reflect trained personnel.	D	CERTRAK data must be correct
1.8	SHE Program Evaluation Annual	SPC 8 - Review and assign corrective actions on your organizations 2001 PEP Survey	D	Same as 1.5.8
2.0	Worksite Analysis			Desired Results
2.4	Hazard Analysis	SPC14 – Assess each of your operations and identify the Facility Risk Indicator (FRI) associated with it.	D	Each hazardous must correctly be identified in order to implement the proper protective processes.
2.4	Hazard Analysis	SPC15 – Perform the appropriate level of safety assessments as required by MWI 8715.15 Table 1 (JHAs, TRRs, or ORIs)	D	All hazards are identified and eliminated or controlled.
2.4	Hazard Analysis	OV19. insure their respective work sites are compliant with OSHA regulations, and free of hazards which would fall under the General Duty Clause.	D	All hazards are identified and eliminated or controlled.
2.4	Hazard Analysis	4.1-01 Better define and train personnel to incorporate JHA identified controls into existing	D	All MSFC employees know how to utilize the JHA process along with their supervisor in order to put in any controls required.

		work procedures.	1	
2.4	Hazard Analysis	21. insure that each employee has a JHA or use SOP's that contain the results of job hazards analysis	D	All hazards are identified and eliminated or controlled.
2.4	Hazard Analysis	3.3-01 Continue to encourage the implementation of the JHA process.	D	All hazards are identified and eliminated or controlled.
2.5	Routine Inspections	3.4-02 / OV7 Develop area-specific inspection forms to reflect hazards associated with each Directorate and contractor activity.	D	Improved inspection forms more specific to work area being inspected.
2.5	Routine Inspections	OV8 Develop Training for employees doing inspections specific to recognizing hazards in the type areas they inspect.	D	Inspectors must be able to recognize hazards specific to their assigned areas.
2.5	Routine Inspections	SPC19 – Post SHE inspection finding reports or equivalent hazard notices near the hazards in your areas.	D	Employees must know specific hazards they might be exposed to.
2.5	Routine Inspections	NHSC23 – Check emergency lights and exit signs monthly.	D	All hazards are identified and eliminated or controlled.
2.6	Written Employee Hazard Reporting System	SPC22 – Assure all employees are familiar with and know how to submit a SCRS	D	Every employee trained on SCRS use.
2.6	Written Employee Hazard Reporting System	OV10 Verify NSRS/SCRS boxes are adequately located in all facilities including work areas	D	Every employee must be provided a convenient way to report safety concerns (some have no computer)
2.7	Accident Incident Investigation	3.6-02 Train investigators in root cause identification.	D	An investigation process that avoids determinations that focus on employee behaviors, but focus rather on potential weaknesses in the management systems and hazard abatement.
3.0	Hazard Prevention &			Desired Results
	Control			
3.1.1	Initiating &	3.4-03 With each Directorate, monitor the	D	Corrective actions must be timely and complete.

	Tracking System	progress on corrective actions. Provide those individuals with technical resources needed to address corrective actions. Take action on overdue items.		
3.1.2	Preventive & Predictive Maintenance	OV13. insure PM system/procedures and associated PM records in place.	D	A preventive maintenance system that tracks scheduled maintenance in order to prevent hazardous breakdowns from neglect.
3.1.3	Occupational Health Care Program	4.4-03.1 Ensure all laboratory personnel are included in medical surveillance.	D	Personnel that use chemicals are included in the surveillance program.
3.1.4	Emergency Procedures	NHSC25 – Review drill procedures with employees not present during drills.	D	All employees must be aware of emergency procedures
3.1.6	Administrative Controls	NHSC61 - Assure all computer rooms and areas that generate large amounts of paper have metal cans with self-extinguishing covers.	D	Appropriate hazard controls must be provided.
3.1.8	PPE	4.1-02 / SPC37 - Update PPE hazard assessments in each Directorate and for each contractor.	D	PPE assessments are done separately from JHAs
3.1.9.4	Hazard Communications	SPC31 / NHSC48 - Assure that MSDS are available for all Chemicals in your area.	D	MSDS available for every chemical on site.
3.1.9.4	Hazard Communications	NHSC49 – ensure all employees are familiar with applicable MSDSs.	D	Employees understand MSDS use.
3.1.9.4	Hazard Communications	NHSC64 – Assure load limit signs are in place on all overhead storage areas.	D	Potential hazards must be eliminated or controlled.
4.0	Training			Desired Results
4.0	Training Process	Complete your Organizations Training Needs Assessment.	D	
4.3	Employee	5.1-03.1 Train employees (Workers/contractors) to task-specific hazards(JHA) & controls	D	Employees and contract workers know and understand hazards to which they may be exposed, and how to prevent harm to themselves and others from exposure to these hazards.
4.3	Employees	NHSC16 – Instruct employees in proper lifting	D	Employees know and use proper lifting techniques.

### VPP 2001 SHE Program Assessment Gap Analysis

### **Directorate Corrective Actions**

4.3	Employee	techniques.  5.4-03 Develop and improve Directorate-specific courses that address hazards associated with their area (Chemical Hygiene and Laser Safety in SD etc).	D	Goes with all 4.3			
		in SD etc).				·	

# **LAST UPDATE: 04-02-02**

# VPP STEERING COUNCIL OPEN ACTIONS LOG

VPP-0020 04-02-02	VPP-0019 04-02-02	VPP-0017 01-23-02
0		(0)
The Implementation Team will put a schedule together to get the Center to a VPP goal or a similar goal with minimum impact to the workforce.  (K. Cornett/UP01, P. Robbins/CSC; Due: 05-06-02)	The Chairman of the VPP Steering Council will take the action to pursue a VPP or VPP-like schedule for the Center with no specific deadline date.  (A. Roth/DE01; Due: 05-06-02)	Prepare a draft of a charter for a new management committee similar to the Centeral SHE committee. Include in the draft a timeline for organizing and establishing the committee. (K. Cornett/FD24, P. Robbins/CSC; Due: 02-13-02)